

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission		2/12/201
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Reporting Period - Beginning: 1/1/2010	Ending: 2/12/2010	
Type of report: Pre-election		
		Direction of the second of the
Alessandro Alessandrini	Sandro Alessandrini for	School Committee
Full Name of Candidate	Committee	Name ~
School Committee	Alice Pie	erce
Office Sought/ District	Name of Committee	Treasurer
32 Slocum Rd	17 Voluntee	er Way
Lexington, MA 02421	Lexington, h	4A 02420
Residential Address	Committee Ad	ddress
SUMMARY BALAN	ICE INFORMATION	
Ending Balance from previous r	_	\$0.00
Total receipts this period:	epor c.	\$0.00
Subtotal:		\$0.00
Total expenditures this period	1:	\$0.00
Ending Balance:	•	\$0.00
Total in-kind contributions th	=	\$0.00
Total outstanding liabilities:		\$0.00
Name of bank(s) used:		
Affidavit of Committee Treasurer: I certify that I have examined this report, including attach belief, a true and complete statement of all campaign finance expenditures, disbursements, in-kind contributions and liabifinance activity of all persons acting under the authority of requirements of M.G.L. c. 55.	ce activity including all contribut ilities for this reporting period a	ions, loans, receipts, nd represents the campaign
Signed under the penalties of perjury:		
Rice Milaia	2	112/2010
Treasurer's signature (in ink)	The production of the state of	Date
Affidavit of Candidate (check 1 box only) :		
Candidate with Committee and no activity independ	dent of the committee	
I certify that I have examined this report, and attached sch true and complete statement of all campaign finance activity this committee in accordance with the requirements of M.G.L. any liabilities nor made any expenditures on my behalf during	hedules and it is, to the best of my, of all persons acting under the c. c. 55. I have not received any con	authority or on behalf of
Candidate without Committee OR candidate with inc I certify that I have examined this report and attached sche a true and complete statement of all campaign finance activi	edules and it is, to the best of my	knowledge and belief,

Schedule A: Receipts

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

Date	Name and Residential Address	Amount	Occupation and Employe
	ized Receipts emized Receipts ipts	\$0.00 \$0.00 \$0.00	

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Schedule B: Expenditures

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures over \$50 and under may be added together from committee records, and reported on line 13.

Da	te Name and Address	Amount	Purpose
Total	Itemized Expenditures Unitemized Expenditures Expenditures	\$0.00 \$0.00 \$0.00	

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Schedule C: "In-Kind" Contributions

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together, from the committee's records, and included in line 16. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date	Name and Residential Address	Value	Description Occupation/Employer
Total Unit	ized In-kind Contributions emized In-kind Contributions ind Contributions	\$0.00 \$0.00 \$0.00	

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Schedule D: Liabilities

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as the liabilities incurred during this reporting period.

Date To Whom Due

Amount Purpose

Total Outstanding Liabilities

\$0.00

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requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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File with: City or Town Clerk or Election Commission	15X/110 TO Y HA 3/5/201
Reporting Period - Beginning: 2/13/2010	Ending: 3/5/2010
Type of report: Dissolution	
Alessandro Alessandrini	Sandro Alessandrini for School Committee
Full Name of Candidate	Committee Name
School Committee	Alice Pierce
Office Sought/ District	Name of Committee Treasurer
32 Slocum Rd	17 Volunteer Way
Lexington, MA 02421	Lexington, MA 02420
Residential Address	Committee Address
SUMMARY BALAN Ending Balance from previous of Total receipts this period: Subtotal: Total expenditures this period	\$0.00 \$0.00
Ending Balance:	\$0.00
Total in-kind contributions the	his period: \$0.00
Total outstanding liabilities	\$0.00
Name of bank(s) used:	
Affidavit of Committee Treasurer: I certify that I have examined this report, including attached belief, a true and complete statement of all campaign finance expenditures, disbursements, in-kind contributions and liab finance activity of all persons acting under the authority requirements of M.G.L. c. 55.	nce activity including all contributions, loans, receipts, pilities for this reporting period and represents the campaign
Signed under the penalties of perjury:	
alia M. Pura	5 March 2010
Treasurer's signature (in ink)	Date
Affidavit of Candidate (check 1 box only): Candidate with Committee and no activity independ of the committee and complete statement of all campaign finance activity this committee in accordance with the requirements of M.G.I. any liabilities nor made any expenditures on my behalf duri	chedules and it is, to the best of my knowledge and belief, a cy, of all persons acting under the authority or on behalf of c. c. 55. I have not received any contributions, incurred

Candidate without Committee OR candidate with independent activity filing separate report.

I certify that I have examined this report and attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Schedule A: Receipts

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

Date	Name and Residential Address	Amount	Occupation and Employe
	ized Receipts emized Receipts ipts	\$0.00 \$0.00 \$0.00	

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Schedule B: Expenditures

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures over \$50 and under may be added together from committee records, and reported on line 13.

Da	te Name and Address	Amount	Purpose
Total	Itemized Expenditures Unitemized Expenditures Expenditures	\$0.00 \$0.00 \$0.00	



Schedule C: "In-Kind" Contributions

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together, from the committee's records, and included in line 16. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Dat	te Name and Residential Address	Value	Description Occupation/Employer
Total	Itemized In-kind Contributions	\$0.00	
Total	Unitemized In-kind Contributions	\$0.00	
Total	In-kind Contributions	\$0.00	

Schedule D: Liabilities

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as the liabilities incurred during this reporting period.

Date To Whom Due

Amount Purpose

Total Outstanding Liabilities

\$0.00

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